

Note: This is a sample template, it is not an OMB approved form.

### Universal 911 Dialing- First Transition Report

Please read instructions before completing

#### Section 1

Carrier Identification Information Duo County Telephone Cooperative

Parent Company Name N/A

Service Provider Name Duo County Telephone Cooperative

Company Address, City, State, Zip  
P. O. Box 80  
Jamestown, KY 42629

Service Provider Type ☐ Wireless ☒ Wireline

Name(s) of Wireless License Holder(s)  
N/A

Contact Name Daryl Hammond

Contact Tel # 270-343-3131

Fax # 270-343-6500

E-mail Address dhammond@duotel.com

#### Section 2

##### Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):  
Cumberland County, Kentucky

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Tentatively, the Burkesville City Police Department is designated as the emergency response point.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Minimal amount of translation work will be required and can be completed in timely manner once the emergency response point is finalized.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

July 1, 2002

**Section 3**  
**911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

The local area has yet to finalize the emergency response point.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Preliminary discussions have been held with County Judge/Executive regarding the importance of designating emergency response point.

**Section 4****Certification - To be signed by an authorized representative of the reporting entity**

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

**Signature****Printed name of authorized representative**

Daryl L. Hammond

**Title**

Controller

**Date**

March 6, 2002

**This filing is:**☒ original filing☐ revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**